

## AFTERCARE AGREEMENT

I, \_\_\_\_\_, agree as part of my participation at \_\_\_\_\_

to:

1. One (1) year of visits at my home.
  - a. weekly visits for 3 months.
  - b. bi-weekly visits 3 months.
  - c. monthly visits 6 months.
  - d. phone contact throughout year period.
2. Sign a “release of information” form allowing to appropriate program staff to communicate with agencies and individuals working with me and my family.
3. Sign the Drug & Alcohol Testing Consent form allowing appropriate program staff to conduct random observed urine screens for drugs and alcohol.
4. Make and keep relevant contracts with appropriate program staff.

I understand that the above agreement is intended to assist my family and myself in our transition from the program to an independent, sober lifestyle.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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